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APPLICANTS  
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\*\* CONTINUING DATA \*\*\*\*\*  
*None rx*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None rx*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3 <del>2</del>
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ADDRESS  
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 600 Atlantic Avenue  
 Boston, MA  
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TITLE  
 Method of measuring duty cycle

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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